

JAN 0 9 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of:

Applicants: David A. Olaker, et al

Examiner:

Pierre-Louis Desir

Serial No.:

10/755,196

Group Art Unit: 2681

Filed:

01/09/2004

Confirmation No.: 9206

Title:

Locating Method

and System

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted by facsimile transmission to the US Patent & Trademark Office, fax number 571-273-8300 on the date shown below:

Fee Transmittal (1 page)

Credit Card Payment Form (1 page)

Petition for Extension of Time (1 page)

Response Under 37 CFR 1.111 (5 pages)

January 9, 2006

W. David Sartor, Reg. No. 50,560

Date

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JAN 0 9 2005

PTO/SB/17 (12-04)
Approved for use through 07/31/2006, OMB 0651-0032
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FEE TRANSMITTAL For FY 2005					Complete if Known					
					lication Number 10/755,196					
					Date	01/09/2004				
					Named Inventor	David	David A. Olaker			
Applicant claims small entity status See 37 CFR 1.27					niner Name	Pierre-Louis Desir				
					Mit	2681				
TOTAL AMOUNT OF PAYMENT (\$) 60.00			20.00	Attor	ney Docket No.	10231-	-003			
METHOD OF PAYMENT (check all that apply)										
Check ✓ Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number Deposit Account Name:										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
다	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Credit any overpayments										
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FEE CALCULATION										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
	FILI	NG FEE	ES SEA All Entity	RCH FE		MINATIO			1	
Application '	Type Fee!		en (\$) Foe (<u> Entity</u> 		Entity e.(\$)	Fees Pa	id (\$)	
Utility	300	1	150 500		50 20					
Design	200	1	100 100		50 13	_	55 _			
Plant	200	1	100 300	1	50 16	_	30 _			
Reissue	300	1	150 500	2	50 60	_	_			
Provisional	200	1	100 0		0	0	0 _			
2. EXCESS CLAIM FEES Small Entity										
Fee Description Each claim over			sch claim over 20 an	-1	vion in the orig	inal nates	·-	20 Eee 181	Fee (\$)	
Each independe	nt claim over 3	or, for F	Reissues, each indep	nendent	unan ını uze onğ claim more tha	n in the o	it riginal natent	- 200	25 100	
Multiple depen	dent claims			J osep	- Mann 111-14 1	11 as 1 91.0 0.	Priter baterie	360	180	
Total Claims	Extra C			Paid (5			dent Claims			
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indop Claims Extra		Claims Fee (\$)		Fee Paid (\$)				_		
-3 or MP =x = MP = highest number of independent claims paid for, if greater than 3										
3. APPLICATION	ON SIZE FEE									
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small enrity)										
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets										
4. OTHER FEE				— W	HIP IN A THINID IN	Witherly =		-=		
		\$130	fee (no small entity	discou	nr\			FAG	s Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount) Other: Petition for 1 month extension of time									<u>;</u>	
								60.0		
SURMITTED BY	10-			Registr	ation No. 50,560		7-1			
		(Attorne)	#Agent) 50,560)			6-7724			
¥ame (Print/Type)	_W. David S	artor	.				Date ()1/09/	/2006		

This collection of information is required by 37 CFR 1.136. The information is required to ottain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially, is governed by 35 u.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gamening, preparing, and submitted application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for requering this puritien, should be sent to the Chief information Officer, U.S. Patient and Tradement Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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